Congressmen Ben Chandler Internship Application

Name:			
(Last)	(First)		(MI)
Application is For: \Box S ₁	pring Fall	□ Summer	□ Winter
My Internship would begin	(MM/DD/YY) and en	d	
Indicate what days of the wable to work on that day? (can Monday Tuesday)	ircle all that Apply and the hours	are between 8am-6pm)	·
Permanent Home Address:			
City/ State/ Zipcode:			
Telephone numbers: Daytin	ne ()	_ Evening (_)
Email address:			
School Information: High S	School:	te that it is located in)	
Date of Graduation:	High Sch	nool GPA:(On a 4.0	scale)
Current Institution:			
Standing Undergraduate:	□ Sophomore □	Junior Seni	or Graduate
Major: Dat	te of Graduation:	MM/DD/YYYY) GPA	A:(On a 4.0 scale)
Which office would you lik ☐ Wash	e to work in?	exington, KY	